

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003393

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** ARTHRITIS SURGERY RESEARCH FOUNDATION, INC.

**Current Principal Place of Business:**

3661 S. MIAMI AVE., STE 610  
MIAMI, FL 33133 US

**New Principal Place of Business:**

**Current Mailing Address:**

3661 S. MIAMI AVE., STE 610  
MIAMI, FL 33133 US

**New Mailing Address:**

**FEI Number:** 65-0797507

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAVERNIA, CARLOS J MD  
3661 S. MIAMI AVE., STE 610  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LAVERNIA, CARLOS J MD  
Address: 3659 S. MIAMI AVE., STE 4008  
City-St-Zip: MIAMI, FL 33133

Title: D  
Name: TORRES, ALEX M  
Address: 2333 1ST AVENUE, STE 102  
City-St-Zip: SAN DIEGO, CA 92101

Title: D  
Name: LAVERNIA, ENRIQUE  
Address: 1412 TREASURE LANE  
City-St-Zip: SANTA ANA, CA 92705

Title: D  
Name: LEGASPI, ADRIAN M.D.  
Address: 4306 ALTON ROAD, 3RD FLOOR  
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARLOS J. LAVERNIA

D

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date